

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Duplicate Copy

Anil Pharma

C- 58, Rajan Babu Road,, Adarsh Nagar, Delhi-110033
Tel : 011-41557131 email : anilpharma1997@gmail.com
Drug Licence No. : 203-137393, 21B-137394

Invoice No. : AP/24-25/574
Date of Invoice : 17-06-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 26383

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 04-06-2024

Billed to :
DCDC DISTRICT HOSPITAL KANNOJ
DISTRICT HOSPITAL , DIALYSIS UNIT
COMBINED DISTRICT HOSPITAL, GT ROAD
KANNOJ, UTTAR PRADESH-209727

Shipped to :
DCDC DISTRICT HOSPITAL KANNOJ
DIALYSIS UNIT, DISTRICT HOSPITAL
GRAND TRUNK ROAD , KANNOJ
UTTAR PRADESH - 209727

Party Mobile No : 7253990299
PIN / UIN :
No. :

Party Mobile No : 9129743658
GSTIN / UIN :
D.L. No. :

NOJ

Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
200	0		GAUZE SWAB	30059090			0.00	6.00	0.00%	12%	1,344.00
--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	259.60

Stock No. of Boxes Received 186X
Subject to Physical Check
Name/Employee Code Ayush Yashwan / DC00858
Centre Name District Kannoj
Date/Time 17/06/24 - 3:00 PM
Signature [Signature] M. No. 9129743658

Total 1,603.60
Add : Rounded Off (+) 0.40

00.00 0.00 Grand Total ₹ 1,604.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
2%	1,200.000	144.000	144.000
8%	220.000	39.600	39.600
Total	1,420.000	183.600	183.600

Rupees One Thousand Six Hundred Four Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207

Terms & Conditions
E & O.E.
1. Goods once sold will not be taken back.
2. Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
3. Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma
[Signature]
Authorised Signatory